#### Name: (SARLAND "ANDY 2018 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** REPORT FILER STATUS 2018 Annual (Due: May 15, 2019) House of Representatives Member of the U.S. " BARR State: District: 6 X Daytime Telephone: 202-225-4766 Amendment For Use by Members, Officers, and Employees Form A Officer or Employee Employing Office: Termination Date of Termination: OFFICE OF THE CLERK A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 2019 MAYOKE BY Biny) Shared Staff Filer Type: (If Applicable) HAND HAND Principal Assistant

# PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
Yes No	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No X	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes No	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No X	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

# IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS

Yes No X	<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes 🛚 No	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
Yes No X	IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

	SCHEDULE A – ASSETS & "UNEARNED INCOME"	
	Name: GARLAND	
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AMERICAN FUNDS CHANTH	HILLAND HOJOY MKT	VANGUARI GROWTH	PFIZER STOCK	VANGUARD TARGET 2045	んさんこんきん	ABC Hedge Fund X		SP Mega Corp. Stock EIF	please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  Eve a detailed discussion of Schoolule A requirements	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property,' and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as			Assets and/or Income Sources	BLOCK A
X	×	×	×	×	×	×	Indefinite	×	\$15,00° \$50,00° \$100,00° \$250.00° \$500,00° \$5,000° \$25,000°	\$15,000 -\$50,000 -\$100,000 11-\$250,000 11-\$500,000 10-\$1,000,000 001-\$5,000,000 001-\$5,000,000 0,001-\$50,000,000						A B C D E F G H I J K L	you have no imbrest.	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
X	×	X	×	X	X	Partnership	Koyanes	×	NONE DIVIDE RENT INTER CAPIT EXCE TAX-D		ST					2		only column. Divisions, interest, and capital garia, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. In generate tax-deferred income (such 529 accounts), you may check the second of the	Type of Income	вгоск с
	X				×	×	×	×	\$2,501 \$5,001 \$15,00 \$100,0 \$1,000 Over \$		come ove	er \$1,000,000°				X     X	Column All is for assets nerg by your spouse or dependent allowin which you have no interest.		If you assets for which you checked a Az-deteried in book o, you may check the "None" column. For all other assets indicate the "category of income by checking the appropriate box below.		ВLОСК D
								() () () () () () () () () () () () () (	P, S, S(part), or E			·			blank if there are no transactions that exceeded \$1,000.	follows: (S (part)).	If only a portion of an asset was sold, please indicate as				BLOCK E

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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																	Spouse/DC Asset over \$1,000,000* ≥		
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																	Qther Type of Income (Specify: e.g., Partnership Income or Farm Income)		"Andy" Bara
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																	\$1-\$200 ==		
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																	\$100,001-\$1,000,000 😾	9	Page
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Ĺ			_							_	_	1_	ļ.,	_		_	Spouse/DC Asset with Income over \$1,000,000*   ≚		'ਖ਼
													7	7		,	P, S, S(part), or E	BLOCK E Transaction	6

## SCHEDULE C - EARNED INCOME

Name: GARLADD "ANDY" BARK Page 4 of 6

I let the source have and amount of parmed income from any source (other than the filer's current employment by the H.S. gover	mann) totaling \$200 or more during the	reporting period. For a copyred lie
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  INCOME LIMIT'S and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	below.  Social Security Act.  ted at or above the "senior staff" rate was fine telephone to the senior staff.	\$28,050. The 2019 limit is \$28,440
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee	\$6,000 \$18,000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech	\$1,000 N/A
PFIZER, INC.	Spause Sanary	۵ ۵
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#### SCHEDULE D - LIABILITIES

Name: GARLAND "ANDY" BARR	Pa	ame: GARLAND ANDY" BARR Page 5 of 6
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BARR	Pa	Page S
	Page_	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owned to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

			SP.		
CENS	v.s	Example			
CENTRAL BANK + TRUST	U.S. BANK	First Bank of Wilmington, DE	Creditor		
11/13	11/13	5/16	Date Liability Incurred MO/YR		
Home Equity Lows and Personne Desidence	MIRTURE ON PERSONAL	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	<b>≫</b> '	
X			\$15,001- \$50,000	<b></b>	
			\$50,001- \$100,000	ი	
		×	\$100,001- \$250,000	9	
	X		\$250,001- \$500,000	m	Amount of Liability
			\$500,001- \$1,000,000	п	t of Li
			\$1,000,001- \$5,000,000	စ	ability
			\$5,000,001- \$25,000,000	<b>=</b>	
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000		
			Over \$1,000,000* (Spouse/DC Liability)	**	1

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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### SCHEDULE F - AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
1/12/04	KY EMPROYEES BETIREMENT SYSTEM	CAIN VOLUE \$ 24,439.50 (12/31/18)
	1	BENCEIC \$ 598/MO PAYABLE DEENHALLY 8/1/2038

#### **SCHEDULE G - GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
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